



## **Rates and Pricing - System Documentation**

Non-browser, Instructions  
EDS - Project Number NCH00022

**Version 1.0**

**December 1, 2001**

Information Technology Section

North Carolina Division of Mental Health, Developmental Disabilities

And Substance Abuse Services

**APS Manual 1021**

Prepared By: EDS - IPRS



## Table of Contents

<b>1. INTRODUCTION .....</b>	<b>1</b>
<b>2. SCOPE .....</b>	<b>2</b>
<b>3. ACRONYMS AND TERMS/ABBREVIATIONS .....</b>	<b>3</b>
<b>4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME) .....</b>	<b>4</b>
4.1 Components .....	4
4.1.1 Rate Input Data File.....	4
4.1.1.1 Copybook IPPY2401 .....	4
4.1.1.2 Data Element Definitions .....	4
4.1.2 IPRS VSAM Rate file.....	5
4.1.2.1 Copybook IPPY2402 .....	5
4.1.2.2 Data Element Definitions .....	6
<b>DOCUMENT CHANGE LOG .....</b>	<b>8</b>



## 1. INTRODUCTION

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SA). The division will use the IPRS to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the division's IPRS will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", Thomas S., Willie M., Special Populations, Mental Retarded (MR)/Mentally Incapacitated (MI) and capitated risk contracts. The system is designed to provide the division, Local Managing Area (LMA)s, and area programs with "seamless integration" of DMH and Division of Medical Assistance (DMA) client, provider, prior authorization and claims data for eligibility lookup and claims filing processing and payment.

DMH/DD/SA services respond to the mental health, developmental disability and substance abuse needs of the people of North Carolina with a variety of programs and services. This division is responsible for administering federal and state funds designated for MH/DD/SA services, operating the State institutions, ensuring area programs meet funding requirements for Federal and State aid, and administering State standards for facility operations and licensing.

DMH/DD/SA currently uses several different systems for the reimbursement of services provided to clients. The Unit Cost Reimbursement (UCR) systems are maintained by the State and reside on an International Business Machine®<sup>1</sup> (IBM) mainframe. These systems are not integrated, and there is no central system for storing client eligibility information. IPRS replaces the existing UCR system with one integrated system for processing all MH/DD/SA claims. This provides DMH/DD/SA with a significantly enhanced system that includes increased flexibility to implement unique policy and payment strategies for MH/DD/SA patients in a timely and cost efficient manner. In addition, the UCR system reduces the amount of State funds required to maintain multiple claims processing systems, establishes a central repository of recipient data, allows the State to more closely monitor service delivery, eliminates potential over-billing, simplifies claim filing practices, and reduces claim's payment-cycle time.

---

<sup>1</sup> IBM® is a registered Trademark of the International Business Machine Corp. All Rights Reserved.



## 2. SCOPE

IPRS includes a new and unique provider eligibility subsystem for DMH/DD/SA services and provides a method of entering provider information for the division and the pilot sites by using browser-based screens. An established process is used to determine a central provider identification number which links to the LMA assigned provider number. Provider number cross-referencing is established for providers that have more than one provider number. Specific provider information may be used to trace the provider back to the local managing agency. For maintenance of provider information, DMH/DD/SA services will also have the ability to add, suspend, cancel, terminate, modify or delete their providers. In addition, IPRS will provide a secure environment for the entry of provider data and provider information maintenance.

The IPRS project provides the DMH/DD/SA with a centralized Client Eligibility System, which will include Pioneer, Thomas S. and Willie M. clients. The information stored in this system will be used to process service claims submitted by billing providers.

The DMH/DD/SA currently uses the Pioneer Unit Cost Reimbursement System, which includes a number of interrelated and integrated policy and procedure components to assist the LMA with service delivery. Thomas S. and Willie M. clients are subsets of the pioneer population. The current Thomas S. and Willie M. systems maintain the eligibility data of each specified age disability program and level of eligibility (where appropriate) for which the client is eligible. Pioneer does not contain any client eligibility data. IPRS maintains this data, which is received directly from the LMAs and Thomas S. and Willie M. systems.

This document provides a structured examination of system parameters for Software Engineers (SE)s as defined in copybooks which identify the coding/programming behind the IPRS effort.

For those using strictly IPRS browsers, keep in mind that browser fields mirror the non-browser SE fields, and extracts data from a non-browser source (data base), making this document valuable for understanding copybook information and Data Element Definitions (DED)s (common elements for both).



### 3. ACRONYMS AND TERMS/ABBREVIATIONS

This section covers acronyms, terms, and abbreviations used throughout this document. Unique terms and abbreviations are explained within their respective section in this document. Most code and/or DED elements are not explained or covered in this section, but are covered in their respective DED section.

#### *Acronyms*

Acronym	Definition
BA	Business Analyst
DED	Data Element Definition(s)
DMH	Department of Mental Health
IPRS	Integrated Payment and Reporting System
LMA	Local Managing Area
MID	Medical Identification number: base identification number assigned to the client by the State.
SE	System Engineer
UCR	Unit Cost Reimbursement

#### *Terms/Abbreviations*

Term/Abbreviation	Definition



## 4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME)

These are the “behind-the-scene” SE workings.

### 4.1 Components

#### *Built Data Definition Files*

File Number	Copybook	Description
1.	IPPY2401	Rate InputData File
2.	IPPY2402	IPRS VSAM Rate file

#### 4.1.1 Rate Input Data File

##### *4.1.1.1 Copybook IPPY2401*

----- FIELD LEVEL/NAME -----	--PICTURE--	FLD	START	END	LENGTH
(PREF) SEQ-NUM			1	90	90
5 (PREF) SEQ-NUM	9 (8)	1	1	8	8
5 (PREF) FIN-PAYER	X (5)	2	9	13	5
5 (PREF) POP-GROUP	X (5)	3	14	18	5
5 (PREF) BILL-PROV	X (13)	4	19	31	13
5 (PREF) PROC-CD	X (5)	5	32	36	5
5 (PREF) ATT-PROV	X (13)	6	37	49	13
5 (PREF) CLIENT-ID	X (11)	7	50	60	11
5 (PREF) BEGIN-DT	X (8)	8	61	68	8
5 (PREF) END-DT	X (8)	9	69	76	8
5 (PREF) RATE	S9 (6) V99	10	77	84	8
5 (PREF) ACTION-CD	X	11	85	85	1
5 (PREF) RETRO-FLAG	X	12	86	86	1
5 FILLER	X (4)	13	87	90	4

##### *4.1.1.2 Data Element Definitions*

Data Definition File – Rate Input Data File – IPPY2401		
Data Element/Structure	Definition/Explanation	Comments
ACTION-CD	A code identifying the action to be taken on the rate.	A – add the record I – inactivate the matching record on the IPRS VSAM Rate File



Data Definition File – Rate Input Data File – IPPY2401		
Data Element/Structure	Definition/Explanation	Comments
ATT-PROV	Attending provider number.	
BEGIN-DT	The date from which the rate applies.	Format YYYYMMDD
BILL-PROV	The billing provider number.	
CLIENT-ID	The client's identification number.	Non-blank for a client specific rate.
END-DT	The date beyond which the rate does not apply.	Format YYYYMMDD
FILLER		<p>Fillers are found in virtually all copybooks and are usually designed for future expansion or are used to redefine specific data elements. Therefore, no details will be provided for this data element. See the respective copybook for details.</p> <p>Other examples are: "FILLER-PROVIDER" and "FILLER-REDIFINES", etc.</p>
FIN-PAYER	Five-digit payer code that indicates the source of funds for payment of the claim.	Usually 'NCDMH'
POP-GROUP	The population group, for which the rate applies.	
PROC-CD	Procedure code for which the rate applies.	
RATE	The dollar amount for a unit of service.	
RETRO-FLAG	Indicates that the rate may apply for claims.	
SEQ-NUM	The sequence number of the record in the input file.	Used for editing purposes

## 4.1.2 IPRS VSAM Rate File

### 4.1.2.1 Copybook IPPY2402

----- FIELD LEVEL/NAME -----	--PICTURE--	FLD	START	END	LENGTH
(PREF) RATE-KEY			1	100	100
5 (PREF) RATE-KEY	GROUP	1	1	75	75
10 (PREF) FIN-PAYER	X(5)	2	1	5	5



10 (PREF) POP-GROUP	X (5)	3	6	10	5
10 (PREF) BILL-PROV	X (13)	4	11	23	13
10 (PREF) PROC-CD	X (5)	5	24	28	5
10 (PREF) ATT-PROV	X (13)	6	29	41	13
10 (PREF) CLIENT-ID	X (10)	7	42	51	10
10 (PREF) BEGIN-DT	9 (8)	8	52	59	8
10 (PREF) END-DT	9 (8)	9	60	67	8
10 (PREF) CREATE-DT	9 (8)	10	68	75	8
5 (PREF) RATE	S9 (6) V99	11	76	80	5
5 (PREF) LAST-UPDT-DT	9 (9)	12	81	85	5
5 (PREF) STATUS	X	13	86	86	1
5 (PREF) CLERK-ID	X (4)	14	87	90	4
5 (PREF) MEMO-NO	X (10)	15	91	100	10

#### 4.1.2.2 Data Element Definitions

Data Definition File – IPRS VSAM Rate File– IPPY2402		
Data Element/Structure	Definition/Explanation	Comments
ATT-PROV	Attending provider number.	
BEGIN-DT	The date from which the rate applies.	Format YYYYMMDD
BILL-PROV	The billing provider number.	
CLERK-ID	The user entering data.	
CLIENT-ID	The client's identification number.	
CREATE-DT	The date on which the record was created.	Format YYYYMMDD
END-DT	The date beyond which the rate does not apply.	Format YYYYMMDD
FIN-PAYER	Five-digit payer code that indicates the source of funds for payment of the claim.	
LAST-UPDT-DT	The date on which a rate record was updated.	Format YYYYMMDD
MEMO-NO	The request, csr, or memo number stating the rate change request.	
POP-GROUP	The population group.	
PROC-CD	Procedure code for which the rate applies.	
RATE	The dollar amount for a unit of service.	
RATE-KEY	A group item comprising the Financial Payer, Pop Group, Billing Provider, Proc Cd, Attending Provider, Client ID, Begin Dt and End Dt, that uniquely defines a rate.	
STATUS	The status of the rate.	System assigned. Status codes are: A – Active





Data Definition File – IPRS VSAM Rate File– IPPY2402		
Data Element/Structure	Definition/Explanation	Comments
		I – Inactive



## DOCUMENT CHANGE LOG

Draft versions have no approval authority and may contain many iterations before approval authority.

<b>Version</b> (Major changes are new versions)	<b>Approval Date</b> (mm/dd/yy)	<b>Changed By</b> (Person who made the changes for this version)	<b>Approval</b> (Approving Authority (name) – may be “N/A”)	<b>Reason</b> (List major change reasons only)
Draft	xx/xx/xx	Russell Blackburn Jr.		Initial document creation and updates until v1.0 approval.
v1.0				